

# NOTIFICATION TO NEVADA STATE BOARD OF MEDICAL EXAMINERS OF SUPERVISION OF PHYSICIAN ASSISTANT

STATE OF NEVADA

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) ss.

NOTE: NO FEE REQUIRED

COUNTY OF

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**COMES NOW** \_\_\_\_\_, being first duly sworn who deposes and says that: I, the undersigned physician, am duly licensed to practice medicine in the state of Nevada by the Nevada State Board of Medical Examiners, possess an active license to practice medicine in the state of Nevada, license number \_\_\_\_\_, and am in good standing with the Nevada State Board of Medical Examiners. I am engaged in the full time practice of medicine in the state of Nevada, am current on all my required CME and am not aware of any disciplinary action, formal or informal, pending against me by the Nevada State Board of Medical Examiners or any other jurisdiction's medical licensing entity. **I have checked with the Nevada State Board of Medical Examiners and determined that the physician assistant I am going to supervise has never been formally disciplined by the Nevada State Board of Medical Examiners.**

I have read and am aware of the provisions of Chapter 630 of the Nevada Revised Statutes concerning the duties of a supervising physician, as well as Chapter 630 of the Nevada Administrative Code which are the regulations adopted by the Nevada State Board of Medical Examiners concerning a physician's relationship with a physician assistant and/or advanced practitioner of nursing. I have read and am aware of the regulation of the Nevada State Board of Medical Examiners under Chapter 630 of the Nevada Administrative Code that precludes a physician from simultaneously supervising more than three physician assistants or collaborating with more than three advanced practitioners of nursing, or with a combination of more than three physician assistants and advanced practitioners of nursing, without first filing a petition with the Board for approval to supervise more, and the requirement that I prove to the satisfaction of the Board that the circumstances of my practice necessitate more and that I will be able to supervise/collaborate with the greater number in a satisfactory manner.

I hereby certify that this relationship does not violate the limitation cited above concerning the total number of physician assistants or advanced practitioners of nursing with whom I may simultaneously supervise or collaborate. Further, this relationship will not begin until I am in receipt of a file stamped copy of this Notification bearing the receipt stamp of the Nevada State Board of Medical Examiners thereon. Upon receipt of same, I will be supervising the following named physician assistant at the following practice location(s):

\_\_\_\_\_  
Name of Physician Assistant

\_\_\_\_\_  
Practice Location(s) (use extra page if necessary) (Telephone#)

I am aware that a copy of this Notification will be placed in my licensing file at the offices of the Nevada State Board of Medical Examiners, and that I must immediately notify the board, in writing, of the termination of this relationship.

WHEREFORE, I set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Supervising Physician Name (Print or Type)

\_\_\_\_\_  
Supervising Physician (Signature)

**COMES NOW** \_\_\_\_\_, being first duly sworn who deposes and says that: I, the undersigned physician assistant am duly licensed as a physician assistant in the state of Nevada, and in good standing with the Nevada State Board of Medical Examiners, and have never been formally disciplined by the Board for a violation of the Medical Practice Act of the state of Nevada. That I have read and am aware of the provisions of Chapter 630 of the Nevada Revised Statutes and the Nevada Administrative Code as those laws apply to physician assistants. I am aware that a copy of this Notification will be placed in my licensing file at the offices of the Board, and, that the provisions of the Nevada Administrative Code require that if this relationship is terminated my failure to immediately notify the Board of the termination or my continuing to practice this portion of my practice until such time as I advise the Board of my new supervising physician, is grounds for disciplinary action against me.

WHEREFORE, I set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Physician Assistant Name (Print or Type)

\_\_\_\_\_  
Physician Assistant (Signature)

The above named \_\_\_\_\_  
(Print Physician Name)  
being first duly sworn, appeared before me on the \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_, and, in my presence,  
executed this document consisting of one (1) page.

The above named \_\_\_\_\_  
(Print Physician Assistant Name)  
being first duly sworn, appeared before me on the \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_, and, in my presence  
executed this document consisting one (1) page.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Notary Public

### **NAC 630.370 Supervising physician: Duties; approval. (NRS 630.130, 630.275)**

1. The supervising physician is responsible for all the medical activities of his physician assistant. The supervising physician shall ensure that:
  - (a) The physician assistant is clearly identified to the patients as a physician assistant;
  - (b) The physician assistant performs only those medical services which have been approved by his supervising physician;
  - (c) The physician assistant does not represent himself in any manner which would tend to mislead the general public, the patients of the supervising physician or any other health professional; and
  - (d) There is strict compliance with:
    - (1) The provisions of the license issued by the board to his physician assistant regarding controlled substances, poisons, dangerous drugs or devices;
    - (2) The provisions of the certificate of registration issued to his physician assistant by the state board of pharmacy pursuant to NR 639.1373; and
    - (3) The regulations of the state board of pharmacy regarding controlled substances, poisons, dangerous drugs or devices.
2. Except as otherwise required in subsection 3 or 4, the supervising physician shall review and initial selected charts of the patients of the physician assistant. He shall be available at all times that his physician assistant is providing medical services, to consult with his assistant. Those consultations may be indirect, including, without limitation, by telephone.
3. At least once a month, the supervising physician shall spend part of a day at any location where the physician assistant provides medical services to act as a consultant to the physician assistant and to monitor the quality of care provided by the physician assistant.
4. If the supervising physician is unable to supervise the physician assistant as required by this section, he shall designate a qualified substitute physician, who practices medicine in the same specialty as the supervising physician, to supervise the assistant. If the substitute physician's supervision will exceed 72 hours, the supervising physician shall notify the board of the designated substitute for approval by the board.
5. A physician who supervises a physician assistant shall develop and carry out a program to ensure the quality of care provided by a physician assistant. The program must include, without limitation:
  - (a) An assessment of the medical competency of the physician assistant;
  - (b) A review and initialing of selected charts;
  - (c) An assessment of a representative sample of the referrals or consultations made by the physician assistant with other health professionals as required by the condition of the patient;
  - (d) Direct observation of the ability of the physician assistant to take a medical history from and perform an examination of patients representative of those cared for by the physician assistant; and
  - (e) Maintenance by the supervising physician of accurate records and documentation regarding the program for each physician assistant supervised.
6. A physician may not supervise a physician assistant unless the physician has been approved by the board and has paid the applicable fee.